

# KIT FOR NEW PARENTS MONTHLY SUBSCRIPTION ORDER FORM

☐ New Order   ☐ Change Order   ☐ Cancel Order

## PLEASE SHIP KITS TO:

County \_\_\_\_\_

Contact Name \_\_\_\_\_

Receiving Name \_\_\_\_\_

Address (No P.O. Boxes) \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Special Shipping Instructions:   ☐ Can not accept Kits on pallets   ☐ No loading dock available   ☐ Must have prior 24-hour notice of shipment

Other: \_\_\_\_\_

KITS NEEDED BY: \_\_\_\_\_

See **Order Timeframes** below.

Organization/Title \_\_\_\_\_

Receiving Department \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail \_\_\_\_\_

## QUANTITIES REQUESTED:

- **SUBSCRIPTION ORDER** — Subscription term: July 1, 2003 — December 31, 2003.

### Order Timeframes:

- 1) Monthly orders are shipped between the 1st and 15th of every month.
- 2) All orders received before the 15th of each month will be shipped the following month. (**Example:** An order request for a July 2003 Subscription that is received by OSP Fulfillment Services by June 14, 2003 will be considered a valid order and the shipment will arrive in July 2003.)
- 3) Changes and/or cancellations to existing orders must be received before the 15th of each month in order to assure the changes are implemented before the next month's subscription order is shipped. (**Example:** If you wish to make a change and/or cancellation to a July 2003 Subscription, a request must be received by OSP Fulfillment Services by June 14, 2003 in order to implement the change and/or cancellation of the July shipment.)

Please indicate how many kits are needed for each month:

	July-03	Aug.-03	Sept.-03	Oct.-03	Nov.-03	Dec.-03	<i>Grand Total for Subscription Term</i>
English Kits	_____	_____	_____	_____	_____	_____	_____
Spanish Kits	_____	_____	_____	_____	_____	_____	_____

If your county has customized kits and they are unavailable at the time of your order, should we:

☐ Fill this order with basic kits   ☐ Hold this order until custom kits are available   ☐ Notify you

## AUTHORIZATION:

The County Commission authorizes the release of Kits to the organization indicated on this form. The Commission designee understands that this request will be deducted from the County Commission cap.

Signature of County Commission Staff or Designee \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### RETURN AUTHORIZED FORM TO:

FAX — (916) 324-0790

OR

MAIL — OSP Fulfillment Services, 344 North 7th Street, Sacramento, CA 95814-9794

For any questions, contact OSP Fulfillment Services, Customer Service at 1-866-634-3458 (Toll Free)